SEMIANNUAL REPORT OF PAYMENTS ACCEPTED REPORTING DEPARTMENT OR AGENCY FROM A NON-FEDERAL SOURCE- CONTINUATION					Form Approval No.: 0416- GSA-SA			OF PAGES
	TRAVELER	EVENT	LOCATION AND		BENEFITS ACCEP	TED		
	(Name/Title)	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION		IN-KIND	AMOUNT
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TRAVELER	EVENT DESCRIPTION/SPONSOR/DATES	LOCATION AND TRAVEL DATES	BENEFITS ACCEPTED				
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